



**WASHINGTON STATE DEPARTMENT OF GENERAL ADMINISTRATION  
OFFICE OF STATE PROCUREMENT, PROFESSIONAL SERVICES SOLUTIONS**

***Contract #32206 Professional Services: Work Request***

This Work Request is issued under your Convenience Contract #32206 with the Department of General Administration, Office of State Procurement.

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| <b>Work Request Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>To be determined</b>                    |                                              | <b>Date Issued:</b>      | <b>April 19, 2007</b>              |
| <b>Category of Service:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="checked" type="checkbox"/> | <b>1. Management Consulting</b>              | <input type="checkbox"/> | <b>2. Environmental Consulting</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                   | <b>3. Financial Consulting</b>               | <input type="checkbox"/> | <b>4. Performance Audit</b>        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                   | <b>5. Educational Consulting</b>             | <input type="checkbox"/> | <b>6. Contract CPA Services</b>    |
| <b>Number of business days to respond to this request:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | <b>10</b>                                    |                          |                                    |
| <b>Responses are due by Close of Business on:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <b>May 4, 2007</b>                           |                          |                                    |
| <b><i>Late submissions cannot be considered.</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                              |                          |                                    |
| <b>Please have your response submitted via email to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>Rhall@hcqa.wa.gov</b>                     |                          |                                    |
| <b>Expected Work Period. Work period is projected from:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | <b>June 1, 2007 through October 31, 2007</b> |                          |                                    |
| <b>Expected Work Commitment:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                              |                          |                                    |
| <b>Background:</b><br><br>The Home Care Quality Authority (HCQA) is a small agency of Washington State government and is governed by a nine-member board. HCQA operates a statewide network of Home Care Referral Registry centers in fourteen locations around the state of Washington. These centers recruit and screen in-home care workers for listing on the customized internet based registry system and then refer these workers to Medicaid eligible consumers based upon matching criteria listed by the consumer. The Registry is designed to match the needs of publicly funded in-home consumers/ employers with pre-qualified and screened individual providers. Participation in the Registry is voluntary and not a condition to receive or provide Medicaid services. |                                            |                                              |                          |                                    |
| <b>Scope of Work:</b><br><br>HCQA seeks proposals from persons and organizations qualified to assess the feasibility of implementing a fee for service system for private individuals using the HCQA statewide Home Care Referral Registry, to identify and analyze alternatives and to provide consulting. These services are required for a period not to exceed five months.<br><br>The project cost shall be based upon deliverables identified in the Deliverables section below at the bid-upon fixed price, with a not to exceed total project cost of \$50,000.<br><br>Bidders must comply with all requirements of this Work Request, or HCQA may reject the proposal as non-responsive.                                                                                      |                                            |                                              |                          |                                    |

**Deliverables:**

1. Work with HCQA staff to develop a project schedule and work plan, to be approved by HCQA, for completion of tasks and deliverables as outlined herein.
2. Work with HCQA staff to define functional and/or technical requirements, with definitions, necessary to provide registry referral services to private pay consumers for a fee to include examination of existing processes and systems.
3. Work with HCQA staff to identify and assess alternatives and solutions to invoice, process and collect payments for referral registry services. This will also include specific rate alternatives to be charged for services.
4. Work with customers, stakeholders and organizational entities to determine impact of the project.
5. Work with HCQA management and subject matter experts to select a proposed solution (if feasible) from the best-few alternatives.
6. Prepare a formal written study to determine the feasibility of a project to implement a system or service to invoice, process and collect payments for referral registry services. The study must contain the following required elements:
  - Executive summary
  - Project background and business case
  - Project objectives
  - Customers, stakeholders and organizational entities impacted by the project
  - Organizational impacts
  - Proposed solution
  - Alternatives considered
  - Conformity with agency's IT portfolio (if applicable)
  - Project management and organization
  - Estimated timeline and work plan
  - Cost/benefit analysis, including basis for any assumptions
  - Risk Management
7. Draft report of the feasibility study completed by October 15, 2007; final report completed by October 31, 2007.

**Other factors for this Work Request:**

**Evaluation and Notification**

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this Procurement and any amendments issued. The evaluation of proposals shall be accomplished by an evaluation team to be designated by HCQA who will be responsible for the review and evaluation of Bidder proposals. HCQA, at its sole discretion, may select finalists for an oral presentation. If oral presentations are held, evaluators will evaluate the oral presentations of bidders selected as finalists.

Each proposal will first be screened to determine if the Bidder has complied with the appropriate administrative requirements and submittal instructions. Each proposal must meet the administrative requirements to be eligible to submit a proposal to this Procurement. If your proposal does not meet all administrative requirements for this RFP, HCQA may consider your proposal non-responsive and withdraw it from consideration at any time.

HCQA will notify the Apparently Successful Bidder on or about May 15, 2007 by written notice via mail, e-mail and/or fax. HCQA will notify separately the Unsuccessful Bidders on or about the date and time specified in the Work Request of the non-selection of the Unsuccessful Bidder by written notice via mail, e-mail and/or fax.

**Agency (Project Manager):** Rick Hall

**Date:** April 12, 2007

**Phone:** 360-902-8855

**Email:** Rhall@hcqa.wa.gov

**Fax:** 360-586-0786

Submit completed Work Request (email preferred) to Keith Farley Contract Consultant at: Email: [OSPservices@ga.wa.gov](mailto:OSPservices@ga.wa.gov) or fax (360) 586-2426.

**Instructions to Vendors**

Please ensure that you have included the following information in your response, as these are the items that will be used to evaluate your response:

1. In 3 or fewer pages, describe your proposed solution, methodology and overall approach to the customer's defined Scope of Work. Include all of the following in your response:
2. The number of hours required for you to complete the Scope of Work; Hourly rate proposed for consultant(s) to complete the work. A firm, fixed cost for completing the Scope of Work;
3. A detailed project plan and schedule to complete the Scope of Work.
4. In 2 or fewer pages, describe a similar project completed in the last 3 years by the consultant(s) submitted for this work request. Include the

outcomes achieved for the customer. Identify this customer and provide contact information (name, telephone, email, etc) for this customer

5. Number of staff that will be available for this Work Request.
6. Affirm that proposed consultant will be available to begin work no later than June 1, 2007. Indicate any known staff scheduling issues during the proposed project period including but not limited to other project engagements and holidays.
7. Commit that the staff proposed for this work will actually perform the contracted services. The bidder, by submitting a proposal, agrees that he/she will not remove the selected staff person without the prior approval of Project Manager. If removal is permitted, the bidder agrees that it will submit the name of the proposed replacement, who must meet the qualifications/experience requirements, for Project Manager's review and approval before the individual is assigned responsibility for services of any Work Order awarded as a result of this Work Request.
8. Résumé for each staff person submitted for this project, including subcontractors if applicable (include company names and phones numbers worked for past three years for each individual).
9. Availability of staff for possible interview with customer.
10. Vendor's contact information for this Work Request. Include project lead name, title, email, phone & fax numbers.

A Work Order number will be assigned, and formal Work Order issued, after a vendor is selected to perform this Work Request.

**Please indicate Work Request #\_\_\_\_\_ when responding to this Work Request. If you have any questions please either email \_\_\_\_\_ at \_\_\_\_\_ or you may call (\_\_\_\_)\_\_\_\_-\_\_\_\_.**

**Complete and return the following reference information with your response:**

|                                                                                                                                                                                                        |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Name of 32206 Consulting Services Vendor for whom this reference applies:<br><br>(Note: Vendor submission of this form constitutes permission for Customer to contact the reference indicated herein.) |                                                                   |
| Contact Name of Reference:                                                                                                                                                                             | Contact's E-mail:                                                 |
| Contact's Phone Number:                                                                                                                                                                                | Name of the Vendor's Consultant(s) who are known to this contact: |
| Time Frame of Services Provided:                                                                                                                                                                       | Budget for Services Performed by Vendor:                          |
| Description of Services Performed:                                                                                                                                                                     |                                                                   |
| (This space reserved for Customer use)                                                                                                                                                                 |                                                                   |